

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011	
NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN47025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00086221.</p> <p>Complaint IN00086221-Substantiated, federal/state deficiencies related to the allegations are cited at F-250 and F-252.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: February 23 and 24, 2011</p> <p>Facility number: 000304 Provider number: 155525 AIM number: 100266810</p> <p>Survey team: Sharon Lasher, RN TC Angel Tomlinson, RN</p> <p>Census bed type: SN/NF: 68 Total: 68</p> <p>Census payor type: Medicare: 5</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	Medicaid: 53 Other: 10 Total: 68 Sample: 3 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on March 2, 2011 by Bev Faulkner, RN						

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F0221 SS=D	<p>Based on observation, interview and record review, the facility failed to ensure an appropriate and safe positioning device was used and failed to evaluate the device as a restraint for 1 of 1 residents sampled for restraints in a total sample of 3 (Resident #A).</p> <p>Finding included:</p> <p>Review of the record of Resident #A on 2-23-11 at 10:25 a.m., indicated the resident's diagnoses included, but were not limited to, Cerebrovascular Accident (CVA), hemiplegia, depression and psychotic disorder.</p> <p>The physician recapitulation (recap) for Resident #A for February 2011 indicated the resident was ordered a self release seat belt with an alarm in the wheelchair due to sliding out of chair per therapy recommendations. The original date for seat belt was 3-9-07.</p> <p>The Minimum Data Set (MDS) assessment for Resident #A, dated 12-26-10, indicated the following: Ability to make self understood-rarely/never understood; ability to understand others-rarely/never understands others; cognitive skills for</p>			F0221	<p>1. On 2/25/11, the resident was reassessed by the physical therapist. The resident's seatbelt was discontinued and an APOD cushion was put into place. 2. All residents currently using seatbelts will be re-evaluated by therapy for potential changes in their devices or to insure that their current device is used for fall purposes only. 3. The facility has consistently used the fall definition as described by the CMS/RAI for device purposes. This definition describes a fall as an "unintentional change in the position coming to rest on the ground, floor, or onto the next lower surface (e.g. onto a bed, chair or bedside mat). Physical therapy, along with the IDT team will discuss his findings at the morning meeting and throughout the day if necessary for all residents using a seatbelt. 4. The Quality Assurance Director will continue to monitor devices in use, utilizing the facility's definition of a fall. If any issue is noted, she will bring it to the attention of the IDT team for review and discussion for the purpose of evaluating alternative action.</p>		03/07/2011

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	<p>daily decision making- severely impaired, transfer- total dependence of two people; walk in room- activity did not occur; walk in corridor- activity did not occur, and mobility devices- wheelchair. The MDS assessment was not marked for the use of a restraint.</p> <p>The falls/restraint care plan for Resident #A, dated 1-11-11, indicated the resident was at risk for falls. The interventions included, but were not limited to, alarmed self release belt in wheelchair for proper pelvic positioning.</p> <p>The periodic restraint/device review for Resident #A, dated 1-31-11, indicated the resident was able to maintain a good upright position without the seatbelt when staff was with him. When staff did not have eye contact with the resident he began to slump and his hips would come forward in the chair. The restraint review was signed by Quality Assurance/Social Services.</p> <p>The seatbelt monitor installation instructions provided by the Administrator on 2-24-11 at 11:15 a.m., indicated "ALL SMART CAREGIVER ALERT SYSTEMS are intended to augment, not replace fall prevention measures that caregivers have in place, or</p>						

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	<p>the caregivers vigilance." "The SMART CAREGIVER ALERT SYSTEMS should be used in conjunction with a comprehensive fall prevention program."</p> <p>During observation on 2-23-11 at 11:30 a.m., Resident #A was sitting upright in a high back wheelchair in the dining room with the alarmed seat belt. The resident was not able to remove the seat belt and did not respond verbally when asked to remove it.</p> <p>During observation on 2-24-11 at 12:15 p.m., Resident #A was sitting upright in a high back wheelchair in the hallway eating lunch with the alarmed self release belt on.</p> <p>Interview with the National Sales Representative for the seat belt manufacturer used on Resident #A on 2-24-11 at 11:30 a.m., indicated the seat belt was designed to trigger when a resident gets out of a chair to alert care givers of unassisted ambulation, it is not to be used as a positioning device. When queried if the seat belt was safe for a resident who slides in their chair, the National Sales Representative stated "We never promote this product to be used as a positioning device, it is a fall prevention device."</p>						

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	<p>Interview with Physical Therapist #1 on 2-24-11 at 3:00 p.m., indicated therapy had not evaluated the seat belt used by Resident #A since 2007. Physical Therapist #1 indicated Quality Assurance/Social Services looks at all restraints on a monthly basis to see if they are still appropriate for the resident. Physical Therapist #1 indicated if a resident needs an evaluation of a restraint by therapy, nursing can request it during morning meeting.</p> <p>Interview with Quality Assurance/Social Services on 2-24-11 at 3:45 p.m., indicated when she evaluated the seat belt for Resident #A, the resident was not able to maintain an upright position, the resident started going down in his chair without the seat belt. Quality Assurance/Social Services indicated Resident #A had not been without the seat belt since 2007.</p> <p>The "RESTRAINTS" policy, dated 3-30-10, provided by the Director of Nursing (DON) on 2-24-11 at 4:20 p.m., indicated the definition of a restraint was "A device that restricts movement or normal access to one's body. A restraint is any manual, physical or mechanical device, material, or equipment attached or</p>						

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	adjacent to resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. 3.1-3(w)						

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F0250 SS=D	<p>Based on observation, interview and record review, the facility failed to ensure Social Services were provided to a resident with lost dentures for 1 of 1 resident in a sample of 3 reviewed for social service intervention. (Resident #A)</p> <p>Findings include:</p> <p>On 2/23/11 at 12:30 p.m., Resident #A was observed up in a wheelchair, being fed a pureed diet by a family member. Resident #A did not have teeth.</p> <p>The record of Resident #A was reviewed on 2/23/11 at 10:25 a.m. Resident #A diagnoses included but were not limited to aspiration pneumonia and dysphagia (difficulty swallowing).</p> <p>Resident #A's most recent MDS (Minimum Data Set), assessment, dated 12/26/10, indicated the following:</p>			F0250	<p>1. Prior to the survey the Social Service Director had contacted a fourth dentist to see the resident. On 2/17/11, the fourth dentist came to the facility to see the resident. The dentist attempted to make a bite impression for the bottom dentures but determined that he needed a special tray set up to make an accurate impression. The dentist returned on 2/25/11 to make the impression. The impression is currently at the lab, and the dentist has stated that he will return with the dentures no later than 3/17/11.2. Any resident in need of dentures could possibly be affected by the situation described during the survey. The new dentist has agreed to allow a central office to process the prior approvals through Medicaid. The central office has agreed to fax all prior approvals to the facility's Social Service Director and provide weekly updates on the status of each prior approval. Social Services will contact the central prior approval office if she does not hear from them weekly.3. Social Service will be in contact weekly with the central office to determine the status of each prior approval request. She will provide monthly updates to the resident's responsible party and will make more frequent contacts if there are issues. Social Service has developed a new PA tracking form to follow the status of prior</p>		03/07/2011

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	<p>"- makes self understood, rarely/never understood - ability to understand others, rarely/never understands - eating, extensive assistance, with one person physical assist"</p> <p>Resident #A's physician recapitulation orders, dated 2/11, indicated dietary orders "pureed with pudding thickened liquids."</p> <p>Interview with the Social Services Director on 2/24/11 at 12:45 p.m., indicated she was not sure of the date Resident #A's lower dentures were lost but she thought it was around April, 2008. Resident #A was seen by the dentist several different times but a different dentist would come and then they would have to start all over again. She also indicated she didn't read the notes, but the dentist would tell her they were going to carry on with it (getting the dentures made) and then a new dentist would come for the next visit and they would</p>			<p>approval requests. The facility has also met with a local transport company who has agreed to lift their time and distance restrictions. This will improve the facility's ability to utilize other dentists.4. Quality Assurance will check with Social Service daily during the a.m. meetings regarding information received from the central prior authorization office. If issues are noted, they will be brought to the Administrator or a designee for resolution.</p>			

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	<p>start all over again.</p> <p>Interview with Resident's A's family member on 2/24/11 at 1:50 p.m., indicated Resident #A's lower dentures have been missing for more than 2 years and he does not like wearing his upper dentures with out the lower dentures because they are uncomfortable with no opposing teeth. Resident #A's family member also indicated for over 2 years she had asked Social Services about replacing his teeth and they told her different reasons why his dentures had not been replaced. Sometimes the Social Service Director would say the dentist would see him the next time he was in the building and one time the Social Service Director told her Resident #A had too much bone loss to have new dentures made.</p> <p>Resident #A's dental treatment plans indicated the following: "- 4/15/08, dentures fitting well - 5/14/10, prior approval for new</p>						

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	<p>lower dentures</p> <p>- 11/5/10, service recommended, new lower prosthesis</p> <p>- 2/8/11, bottom missing, tooth missing out of top, family requesting new teeth or repair and replacement, I thought this was requested prior to the February appointment</p> <p>-2/17/11, seek prior authorization, complete lower denture and replace denture tooth (upper plate loose tooth)"</p> <p>Resident #A's social service notes indicated the following:</p> <p>"- 6/16/09, states #4 (tooth on upper plate), recommend adhesive.</p> <p>- 5/17/10, dental exam dentist, dentist saw resident 5/14/10. He stated he had filed for prior approval for dentures after Fridays visit but it had been put on hold. He will refile for prior approval for dentures as soon as authorized he will be in to fit for dentures.</p> <p>- 9/9/10, resident is still awaiting dentures speech therapy will</p>						

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	reassess swallowing function when dentures arrive. - 2/17/11, spoke to dentist at length about resident's lost dentures (bottom) reminded him of history of (dentist name) seeing resident and his plan to get a prior approval for lower dentures...stated without waiting for prior approval facility to pay for dentures." This federal tag relates to complaint number IN00086221. 3.1-34(a)						

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F0252 SS=D	<p>Based on observation, interview and record review, the facility failed to allow residents on two units of four units to personalize their rooms by prohibiting a television in their room for 2 residents in a sample of 3. (Resident #A and #B)</p> <p>Findings include:</p> <p>1.) The record of Resident #A was reviewed on 2/23/11 at 10:25 a.m.</p> <p>Resident #A was observed on 2/23/11 at 2:00 p.m., in bed alone in his room looking at the wall. Resident #A did not have a television in his room.</p> <p>Resident #A's most recent MDS (Minimum Data Set), assessment, dated 12/26/10, indicated the following: "- makes self understood, rarely/never understood - ability to understand others, rarely/never understands"</p>		F0252	<p>1. While the facility still holds to the the belief that TVs in the rooms of dementia units can have a negative effect upon the resident, the facility has changed its policy regarding the use of TVs in the rooms of those residents in the two dementia units. The policy has been changed to permit TVs upon request and after discussing the pros and cons with the responsible parties.2. All residents residing in either of the two dementia units have the potential to be affected by the previous facility practice. This will no longer be the case as a result of the policy change. 3. With the change in policy, there will be no recurrence of the concern expressed by the surveyor regarding TVs in the rooms of dementia residents.4. The Quality Assurance Director will review the guidelines for the dementia units regarding TVs in individual rooms. She will follow up with Social Services regarding individual requests for TVs to insure that the resident and/or responsible party was given the opportunity to have a TV in the room.</p>		03/07/2011	

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	<p>Interview with Resident #A's family member on 2/24/11 at 1:50 p.m., indicated a concern that Resident #A could not have a television in his room. The facility will not allow a television in his room and television was a big part of his life before coming to the facility. He likes basketball, church and music and when Mom comes to visit they cannot be in the room and watch television together and that is the main thing they did their entire married life.</p> <p>Interview with the Social Service Director on 2/24/11 at 1:00 p.m., indicated televisions are not allowed in the rooms on both dementia units. The Social Service Director stated "Residents with dementia put themselves in the television program and they can't tell the difference between the television program and reality. Every once in a while a resident will ask for a television in their</p>						

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	<p>room but most of the residents and families know this is the way it is here on these units."</p> <p>Interview with the Activity Director on 2/24/11 at 3:15 p.m., indicated Resident #A attends television time frequently when they have it for an activity. She also indicated he likes to watch sports and church on television, but what he likes best on television is musicals or anything with singing because he likes to sing a long.</p>						

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F0252 SS=D	<p>2.) Review of the record of Resident #B on 2-23-11 at 10:55 a.m., indicated the resident's diagnoses included, but were not limited to, depression, dementia and failure to thrive.</p> <p>The Minimum Data Set (MDS) assessment for Resident #B, dated 1-27-11, indicated the following: Ability to make self understood-usually understood; ability to understand others-usually understands; ability to repeat three words- able to repeat all three words; trouble concentrating on things, such as reading the newspaper or watching television- no, how important is it to keep up with the news- somewhat important.</p> <p>The activities admission assessment for Resident #B, dated, 1-27-11, indicated the resident's preferences included, but were not limited to, the news.</p> <p>During observation on 2-23-11 at 10:50 a.m., Resident #B was laying in bed in her bedroom with her eyes closed. Their were no television or radio in the resident's room.</p> <p>During observation on 2-23-11 at 11:15 a.m., Resident#B was laying bed in her bedroom with eyes open, looking at the ceiling. Their were no television or radio</p>			F0252	<p>1. While the facility still holds to the the belief that TVs in the rooms of dementia units can have a negative effect upon the resident, the facility has changed its policy regarding the use of TVs in the rooms of those residents in the two dementia units. The policy has been changed to permit TVs upon request and after discussing the pros and cons with the responsible parties.2. All residents residing in either of the two dementia units have the potential to be affected by the previous facility practice. This will no longer be the case as a result of the policy change. 3. With the change in policy, there will be no recurrence of the concern expressed by the surveyor regarding TVs in the rooms of dementia residents.4. The Quality Assurance Director will review the guidelines for the dementia units regarding TVs in individual rooms. She will follow up with Social Services regarding individual requests for TVs to insure that the resident and/or responsible party was given the opportunity to have a TV in the room.</p>		03/07/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011	
NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN47025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	in the resident's room. The facility's "ADAPTIVE CARE UNIT GUIDELINES" provided by the Administrator on 2-24-11 at 11:20 a.m., indicated "No TV'S or telephones in resident rooms, as this can cause anxiety to residents with decreased cognition." This federal tag relates to complaint number IN00086221. 3.1-19(F)(5)						